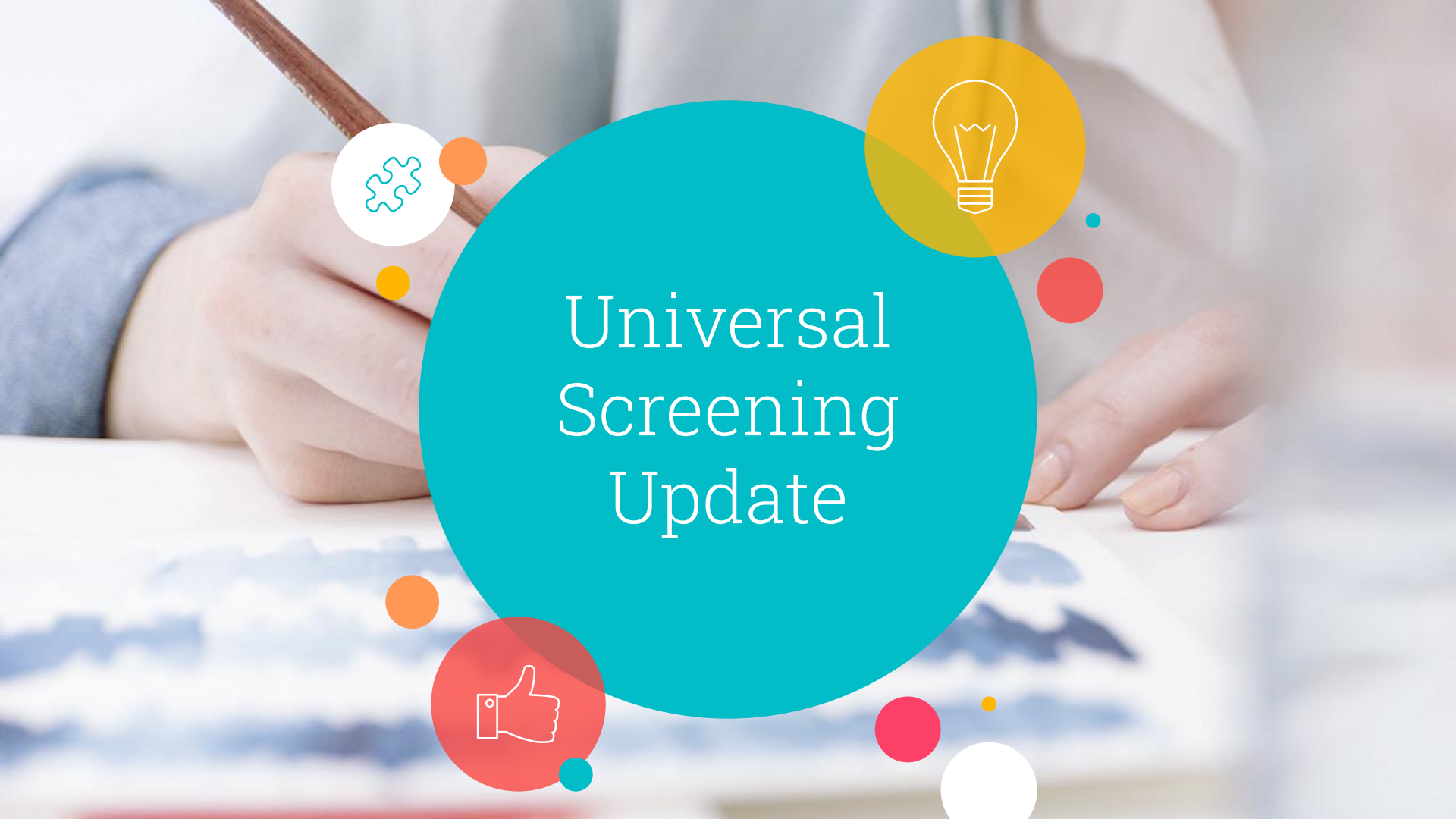
Universal
Screening
Update

Hello!

I am Marcus Johnson-Miller

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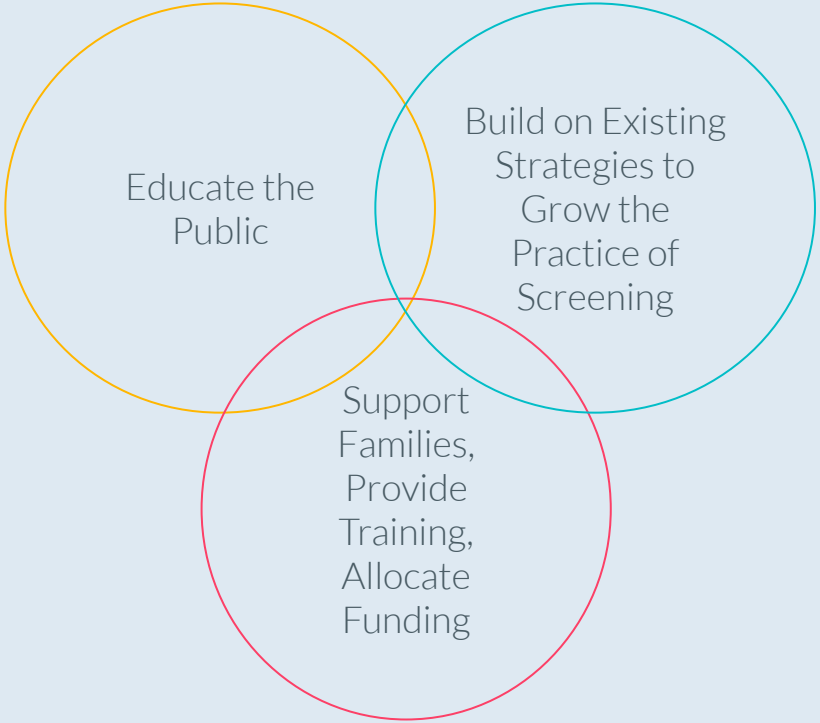
Goals of the Universal Screening Workgroup



Workgroup Recommendations

1. Universal screening activities use existing programs of strength, supply strong communication tools, and activates care coordination functions of the Children's System

4. Provide screening in the environments naturally engaging with families: healthcare and schools, as well as innovative strategies like placing healthcare clinics in or alongside schools, daycares, early childhood programs

1. Leverage the strength of the Iowa EPSDT program, 1st Five, Children's Health Insurance Program, and Department of Education activities

5. Provide families, in various contexts, with resource navigators who serve to support, educate, and accompany families through the identification of need to intervention and resolution

3. Public education about universal screening as a proactive strategy for maximizing healthy social emotional behavioral development and building family and community strength

5. Provide training for all screeners/practitioners and to use existing stakeholders and relationships to ensure broad capacity, competence, and networks are developed

Workgroup Recommendations

7. Training includes specific training and support about choosing best screening tools for the various contexts in which screening will happen

8. The State Board endorses the Practice Parameters and Suggested Matrix of Tools supplied here and institutes a robust periodic review of suggested tools

9. Conduct a diligent analysis of barriers to universal screening including funding, payment, personnel, and referral network adequacy

Key Activities since September 19, 2020 Board Meeting Update

February 11, 2021: Southeast Iowa Links Children's Behavioral Health Advisory Board

JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC

- Shanell Wagler and Marcus Johnson-Miller provided an overview of the Universal Screening Workgroup Report
- Discussed what is happening locally around screening
- Will be conducting an assessment of the screening taking place in the region

Key Activities since September 19, 2020 Board Meeting Update

February 26, 2021: Meeting with DHS to review screening data system and discuss possible ideas to increase screening

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

- Marissa Eyanson, Theresa Armstrong, Shanell Wagler and Marcus Johnson-Miller met to review a data system that sent information to DHS
- Discussed potential strategies to partner between agencies to increase screening, especially related to adolescents

Key Activities since September 19, 2020 Board Meeting Update

March 29, 2021: IDPH accepted into the HRSA-sponsored Adolescent & Young Adult Behavioral Health Collaborative Improvement and Innovation Network (AYA-BH CoIIN)

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

- Goal of the AYA-BH CoIIN: This collaborative is centered on increasing depression screening and follow-up for young people, through systems-level behavioral health integration in primary care and improvement of screening rates in clinical settings.
- AYA-BH CoIIN Team can include the state Medicaid agency, local clinical "champion" (e.g. representative from state chapters of AYA-serving health professional organizations or academic health centers), health plans/payers, adolescent and young adult representatives to serve as advisors/consultants, and other state mental/behavioral health agencies. **Will be including many members of the Universal Screening Workgroup or their recommendations.**
- May 19, 2021 Kick-off Webinar for Title V (IDPH) staff

1st Five Healthy Mental Development Initiative

How does 1st Five support universal screening?

Early identification and intervention for developmental disorders are critical to the well-being of children and are the responsibility of pediatric professionals as an integral function of the medical home.

American Academy of Pediatrics, January 2020

What is 1st Five?

- Serves children birth to age five
- Increases use of developmental screening in primary care
- Provides a one-step referral resource for primary care providers
- Connects children (and their parents/caregivers) to existing services in their local communities
- Keeps primary care providers informed about children's progress
- Supports healthy social, emotional and cognitive development

1st Five: Why this way?

- Began as the ABCD II Project, 2004-2006 (evidence informed)
  - grant funded by the Commonwealth Fund and administered by the National Academy for State Health Policy
- Focus on public-private partnerships
  - local child health agencies & primary care providers
- Aimed to increase use of developmental surveillance at well-child exams
- Also included referral & follow up to local child health agency
- Prevent the need for more intensive and expensive care at a later age (prevention)

1st Five: Why this way?

ABCD II Lessons & Take-Aways

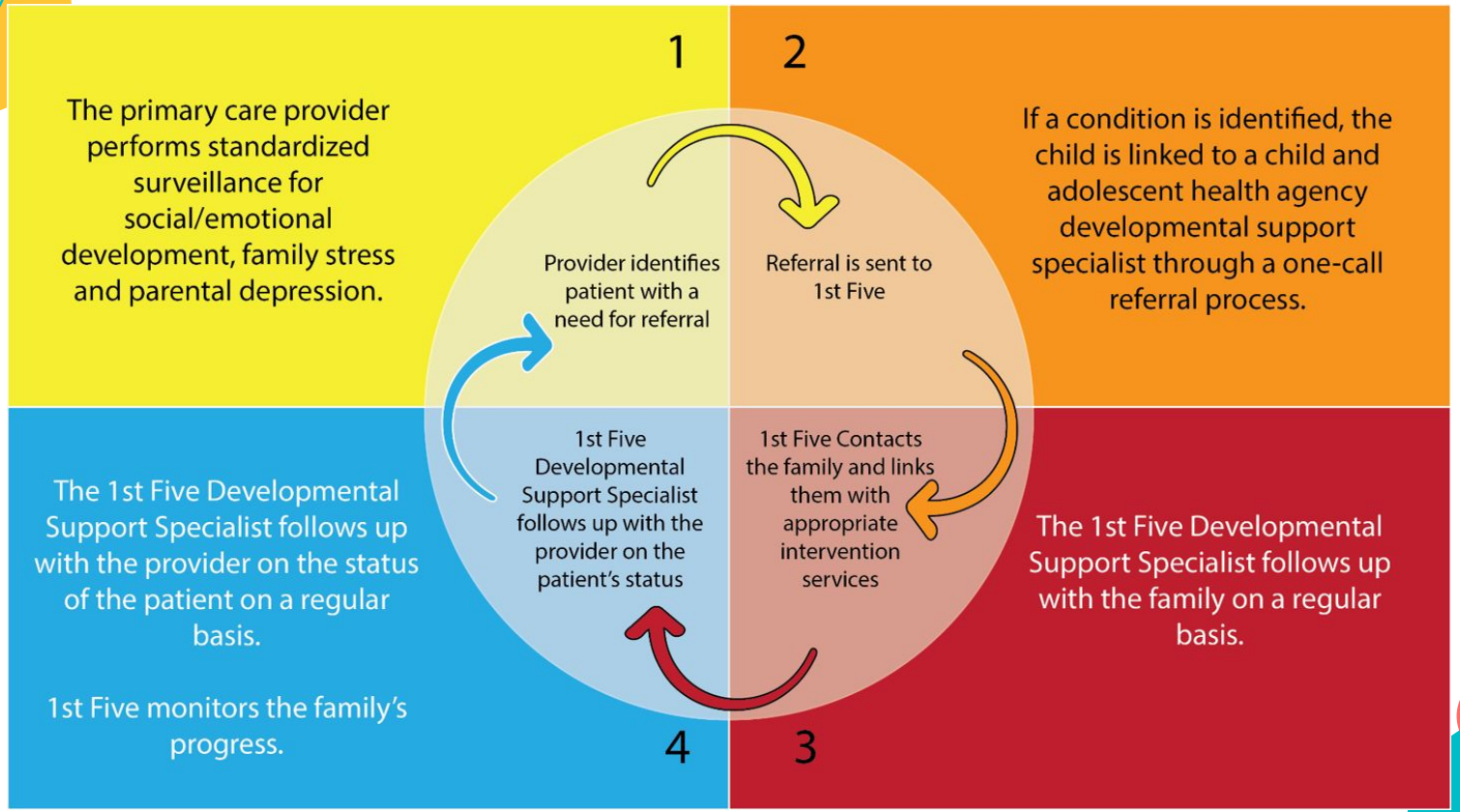
- The primary care practice/provider is where to start
  - Parents and caregivers view health care providers as a credible source of information
  - In Iowa, 90.7% of parents take their child to the doctor before age 5, making this a nearly universal access point
- Standardized surveillance makes a difference
  - Iowa's CHDR was developed and promoted during this time
  - 9, 12, 18, 24/30 month screening timeline established
  - Policy change initiative enacted: allow providers to bill for screening on same day as well-child visit
- Providers need a one-call referral source
  - Must have a way to address identified concerns
- Value in identification of community-based intervention services
  - Good relationships pave the way to good service
  - 1st Five is a child-find service for many community organizations that provide direct service to families in need

1st Five: Why this way?

Developmental Screening

- Usage of screening tools among pediatricians is still lagging
  - Despite recommendations from the American Academy of Pediatrics, only 63% of pediatricians are screening all children at recommended time frames (AAP, 2020)
- for children living in urban areas the prevalence of developmental delay is 17.4% of the population (CDC, 2020)
- for children living in rural areas the prevalence of developmental delay is 19. 8% (CDC, 2020)
- 1st Five promotes standardized validated reliable screening tools such as – ASQ, ASQ:SE, M-CHAT/R-F
- At intervals recommended by the American Academy of Pediatrics and following Iowa's EPSDT Periodicity Schedule

The 1st Five Model



1st Five Supports AAP Bright Futures

American Academy of Pediatrics

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures

AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
	INFANCY								EARLY CHILDHOOD						
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS															
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•			
Weight for Length		•	•	•	•	•	•	•	•	•	•				
Body Mass Index[5]												•	•	•	•
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	•	•
SENSORY SCREENING															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	•	•
Hearing		•[8]	•[9] →		★	★	★	★	★	★	★	★	★	★	•
DEVELOPMENTAL/BEHAVIORAL HEALTH															
Developmental Screening[11]								•			•	•	•		
Autism Spectrum Disorder Screening[12]											•	•			
Developmental Surveillance		•	•	•	•	•	•		•	•	•	•		•	•
Psychosocial/Behavioral Assessment[13]		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment[14]															
Depression Screening[15]															
Maternal Depression Screening[16]				•	•	•	•								
PHYSICAL EXAMINATION[17]		•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[18]															
Newborn Blood		•[19]	•[20] →												

What types of issues does 1st Five address?

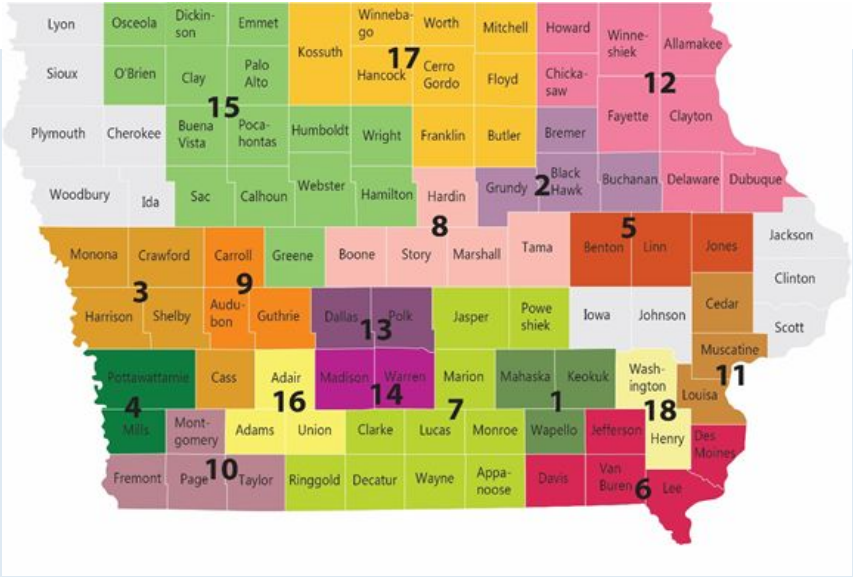
Medical Interventions

- Early Intervention & Evaluation Services
- Developmental Delay
- Speech Therapy
- Occupational Therapy
- Physical Therapy

Social Determinants of Health

- Financial Stress
- Housing Resources
- Maternal/Caregiver Depression
- Mental Health Issues
- Behavior Issues
- Parent Education Programs
- Food Assistance
- Family Planning
- Medicaid/Dental/hawk-i Insurance Needs
- Substance Abuse
- Child Care
- Head Start & Preschool
- Family Support Services
- Transportation Concerns

1st Five Service Areas



1. American Home Finding Association
2. Black Hawk County Health Department
3. Crawford County Home Health, Hospice & PH
4. FAMILY, Inc.
5. Hawkeye Area Community Action Program, Inc.
6. Lee County Health Department
7. Marion County Public Health
8. Mid-Iowa Community Action, Inc.
9. New Opportunities, Inc.
10. Taylor County Public Health
11. Trinity Muscatine Public Health
12. Visiting Nurse Association of Dubuque
13. EveryStep (fka Visiting Nurse Services of Iowa)
14. Warren County Health Services
15. Webster County Health Department
16. MATURA Action Corporation
17. North Iowa Community Action Organization
18. Washington County Public Health & Home Care

1st Five Staffing

1st Five Site Coordinator	• Must spend a minimum of 25-40% percent time on “infrastructure building” activities
	  ○ working with primary care practices
	  ○ providing trainings and educating EPSDT providers and other community partners

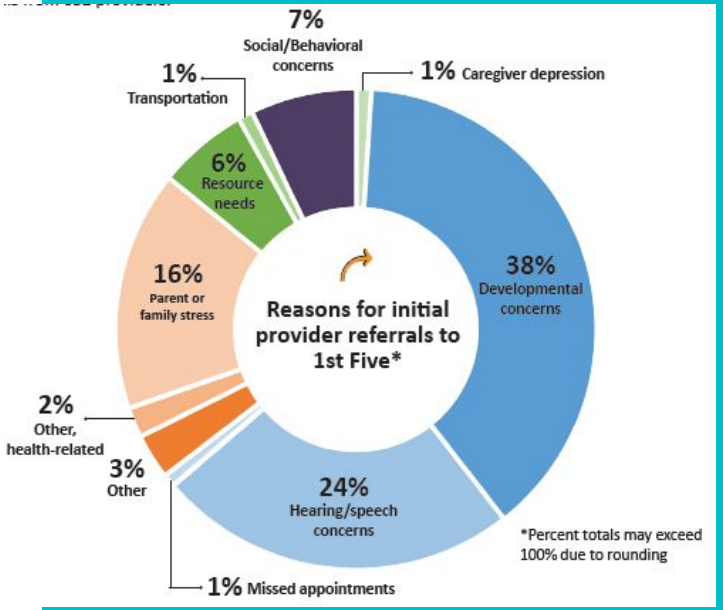
1st Five Developmental Support Specialist(s)	• Team members working with Site Coordinator • Receive and respond to referrals • Work directly with caregivers of children birth to five • Assess additional needs & connect to services • Communicate progress to primary care providers

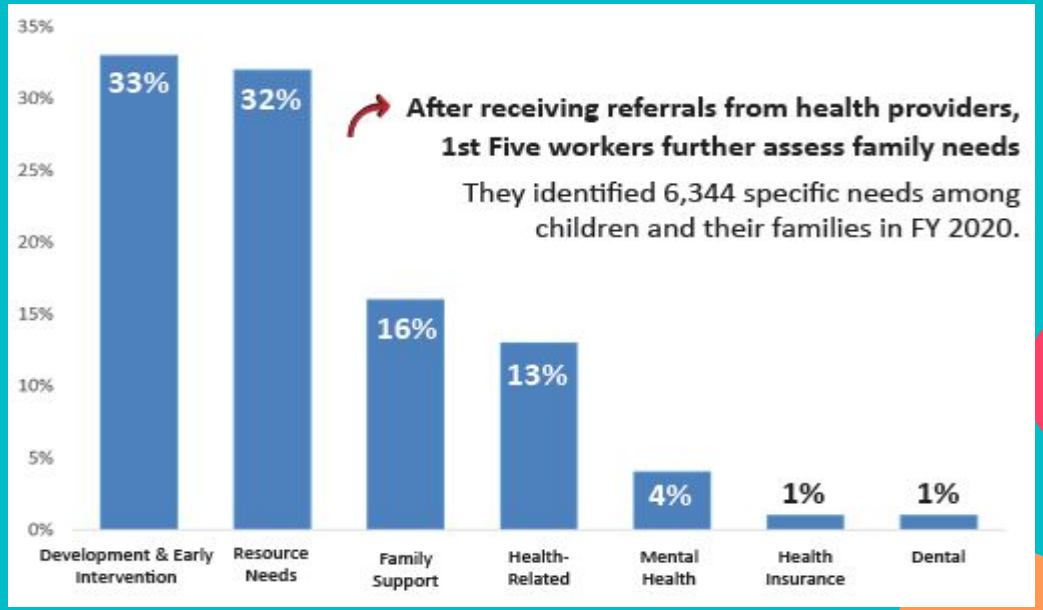
1st Five: Results

- For every one referral made into the program, ~3 additional connections are made by Developmental Support Specialists
- Length of time working with a family 2 months – 6 months, varies by complexity
- Number of contacts made with family if unreachable, 3 calls, 3 letters recommended

Data snapshot

1st Five helps health providers address a wide array of family needs





Practice Consultation: Child Health Specialty Clinics

Peer Coaching: Incorporating Screening Tools

The 1st Five Medical Consultant Team is made up of providers who specialize in implementing evidence-based screening tools into well-child visits. Peer coaching provides access to colleagues who are routinely doing developmental surveillance and screening in their own clinics and are well-versed in the challenges that implementation can pose to different practices.

They are here to offer support and assist with:

- Workflow
- Billing to optimize reimbursement
- Realistic implementation of screening tools into a busy office setting

IDPH 1st Five Team

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Thanks!

Any questions?